

COMPENSATION QUESTIONNAIRE

Instructions: the Compensation Questionnaire has four (4) sections that will require you to fill in the blanks, check the appropriate box, or write short responses to answer questions. **Section I** seeks information concerning total burden hours and compensation burden hours to respond to the Itemized Listing portion of the OFCCP Scheduling Letter. **Section II** requests compensation information regarding on-site visits, desk audits, and the utility of providing compensation data to OFCCP. **Section III** seeks information concerning how compensation data is maintained, gathered, and submitted by Federal contractors to OFCCP. **Section IV** asks for additional comments.

Please answer the following questions about the compliance evaluation scheduled by OFCCP in (insert month, year).

I. NUMBER OF STAFF HOURS SPENT

| | Executive or Managerial Hours <small>(enter number of hours)</small> | Administrative Support or Clerical Hours <small>(enter number of hours)</small> |
|--|---|--|
| 1. In total, how many staff hours did it take to compile the data in response to the Itemized Listing that was attached to OFCCP's letter to you notifying you of a compliance review? | _____ hrs | _____ hrs |
| 2. Of the total in #1 above, how many staff hours did it take to compile the compensation data in response to Itemized Listing Question #11? | _____ hrs | _____ hrs |
| 3. How many staff hours did it take to compile additional compensation data requested by OFCCP after the initial submission of compensation data and before the onsite review? <i>(If you were not asked to provide additional data, enter "0". If your answer is greater than zero, please answer question 4 below. Otherwise, skip to Section II).</i> | _____ hrs | _____ hrs |

4. What reason, if any, did OFCCP give you for requesting additional compensation data? (Check only 1 response.)

1. ☐ Don't know the reason
2. ☐ OFCCP needed more information to refine its compensation analysis
3. ☐ OFCCP needed more information to identify specific files to be reviewed or individuals to interviewed onsite
4. ☐ Initial data submission was incomplete
5. ☐ Initial data submission was incorrect or inconsistent
6. ☐ Other *(Please specify)*

II. ANNUALIZED COMPENSATION ANALYSIS

1. What is the total number of hours you spent providing compensation data during the on-site visit?
_____ hours
2. Which would you prefer (*check only one*):
 - a) Submitting compensation data in response to the Itemized Listing Question #11 for evaluation at desk audit? _____
 - b) Submitting compensation data on-site? _____Please explain the reason(s) for your preference _____
3. What do you believe is the usefulness of providing compensation data to OFCCP?
 - a) Usefulness to OFCCP _____
 - b) Usefulness to you _____
4. What do you believe is the relative usefulness of providing compensation data by:
 - a) Salary range _____
 - b) Rate _____
 - c) Grade of the total number of employees _____
 - d) Race and Gender _____
5. Other than the data you submitted in response to Itemized Listing Question #11, what information do you believe would help OFCCP determine the presence or absence of compensation discrimination?

III. DATA FORMAT

| DATA FORMAT (Check all that apply) | | |
|--|--------------------------|--------------------------|
| | Electronic format | Manual format |
| 1. How was your compensation data maintained ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How was your compensation data gathered to respond to Itemized Listing Question #11? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How was your compensation data submitted to OFCCP ? | <input type="checkbox"/> | <input type="checkbox"/> |

IV. ADDITIONAL COMMENTS

(Please enter any additional comments regarding OFCCP's assessment of your compensation program in the space below.)

If you have any questions about completing this Compensation Questionnaire, please contact OFCCP at 1-800-397-6251.

[Company Identifier Code]

Note: OFCCP has estimated that it will average approximately 1 hour to complete the questionnaire. OMB has approved this collection of information under OMB number 1225-0059, expiration date consistent with current expiration of 1225-0059. Send any comments concerning this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Office of Federal Contract Compliance Programs, Room C-3325, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

PERSONS ARE NOT REQUIRED TO RESPOND TO THIS COLLECTION OF INFORMATION UNLESS IT DISPLAYS A CURRENTLY VALID OMB NUMBER.